

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____	
DEFENDANT: PEOPLE OF THE STATE OF CALIFORNIA VS. Date of birth: _____ California Dept. of Corrections No. (<i>if applicable</i>): _____	CASE NUMBER: _____
NOTIFICATION OF DECISION WHETHER TO CHALLENGE RECOMMENDATION (Pen. Code, § 2972.1)	

1. Defendant (*name*):
has met and conferred with counsel regarding the Penal Code section 1606 report recommending confinement or continued outpatient treatment.

Check **a.** or **b.**:

- a. ☐ I do not believe that I need further treatment, and I demand a jury trial to decide this question.
 b. ☐ I accept the recommendation that I continue treatment.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DEFENDANT)

2. I am counsel for the above-named defendant. I certify that I have explained the report and recommendation to the defendant.
Defendant:

- a. ☐ signed this form as indicated above.
 b. ☐ refused or is unable to sign this form.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF ATTORNEY)